** Stepping Stones Request **

**For**

**Outreach Support**

 **Bronze Package**

**Child with EHCP**

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| Does your current Risk Assessment permit visitors to enter your school? Yes/NoWould you like us to email a copy of the Stepping Stones Outreach Team’s current Risk Assessment? Yes/No |

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| **Pupil:** | **DOB:** | **Year Group** |
| **M/F** |
| **School:** | **Class teacher:** | **SENDCO:** |
| **School Number:** |
| **Parent(s)/Carer(s)** | **School Telephone number:** |
| **Date of Final EHC:** | **Category of Need:** |

**People who support the pupil**

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| --- | --- | --- |
| **Agency** | **Name** | **E Mail** |
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| **Summary of concerns with Staff team/Parents/Carers (*Name)*****In School****At Home** |

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| **Strengths** *(Please bullet point)* |

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| **Referral Written by:****Signature:****Date:** |

NB: Please ensure SEN file/information is available during specialist teacher visit. *(External agencies, medical, IEP’s, behaviour plans, incident records, etc)*

**Parental/Carer Consent** I confirm that I have discussed the reasons for and purpose of the above request with school staff and confirm that I wish to have Stepping Stones Specialist teacher involvement with my child, as referred to above. I confirm that I have parental responsibility. I understand that any written report or other documentation will be sent direct to the school Senco, who will then send this documentation to me those listed as having parental responsibility. I consent to my and my child’s personal information being held and processed as described in the document.

**Parent/Carer signature:**

**Name in print: Date:**

**Please return the completed form and accompanying documentation to:**

Main contact

email: diane.sheron@steppingstones.lancs.sch.uk

Please cc the following contact into your referral:

email: a.shepherd@steppingstones.lancs.sch.uk